

PART B - FEE(S) TRANSMITTAL

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5514 7590 12/05/2007

FITZPATRICK CELLA HARPER & SCINTO
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/529,101	03/24/2005	Ryoji Inoue	01272.020636	1959

TITLE OF INVENTION: LIQUID SUPPLY SYSTEM, FLUID COMMUNICATING STRUCTURE, INK SUPPLY SYSTEM, AND INKJET RECORDING HEAD UTILIZING THE FLUID COMMUNICATING STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/05/2008
				02/12/2008 AWONDAF2 00000004 10529101		
EXAMINER	ART UNIT	CLASS-SUBCLASS				
VO, ANH T N	2861	347-085000		01 FC:1501 02 FC:1504 03 FC:8001	1440.00 0P 300.00 0P 15.00 0P	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fitzpatrick, Cella,

2 Harper & Scinto

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Canon Kabushiki Kaisha

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael K. O'Neill

Date

Feb 8, 2008

Typed or printed name

Michael K. O'Neill

Registration No. 32,622

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